CORRECTIONAL INSTITUTIONS SEARCHING FOR AN EFFECTIVE INTERVENTION IN PROMOTING PUBLIC SAFETY AND CONTROLLING DRUGS DEPENDENT RECIDIVISM[1]

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I. INTRODUCTION

Indonesia is an archipelago country with an area of 1,919,404 km^2 and a population of 245,452,739 people, spread over 981 islands from a total of 17,500. Geographically, Indonesia is located in the South-East Asian region close to Malaysia, Papua New Guinea, and Timor Leste. Because of its archipelago form, demographics and geographical position, Indonesia has a strategic place in the trafficking and smuggling of international illegal drugs. Therefore, it is not surprising that in the last few years Indonesia has experienced a huge problem with international drug trafficking. Nowadays, Indonesia is not only used as a transit country, but has also become a real potential market for drug traffickers.

According to data released by the National Narcotics Board, in the year 2005 cases of drug misuse in Indonesia were calculated at around 3 – 4 million for the entire population. This number has increased in past years. Based on the data of drugs crime in Indonesia for the period 2001 – 2005 it is apparent that in the last five years the number of cases has increased, although the law has been strictly enforced.

Table 1: Number of Drugs Seizures Cases[2]

NO.	CASES	YEAR					TOTAL	AVERAGE PER YEAR
		2001	2002	2003	2004	2005		
1	Narcotics	1,907	2,040	3,929	3,874	8,171	19,921	3,984
2	Psychotropic	1,648	1,632	2,590	3,887	6,733	16,490	3,298
3	Addictive Substances	62	79	621	648	1,348	2,758	552
		3,617	**3,751**	**7,140**	**8,409**	**16,252**	**39,169**	**7,834**

Source: Dit. IV/Drugs, February 2006

A remarkable increase in the suppression of drug dealing has also occurred if you consider the number of drug perpetrators arrested by the police in the period 2001 – 2005. If it is compared as a whole to the number of perpetrators arrested in 2004 (11,323), the 2005 figure (22,780 people) represents a 101.2% increase. This indicates that although Law No.5/1997 on Psychotropic Substances and Law No.22/1997 on Narcotics have been strictly implemented by law enforcement agencies, the economical value of drugs is far more profitable. Moreover, the number of addicted drug abusers makes the matters more complicated.

Table 2: Number of Drugs Offender Cases[3]

NO.	NATIONALITY	YEAR					TOTAL	AVERAGE PER YEAR
		2001	2002	2003	2004	2005		
1	Indonesian	4,874	5,228	9,638	11,242	22,695	53,677	10,735
2	Foreigner	50	82	79	81	85	377	75
		4,924	**5,310**	**9,717**	**11,323**	**22,780**	**54,054**	**10,811**

Source: Dit. IV/Drugs, February 2006

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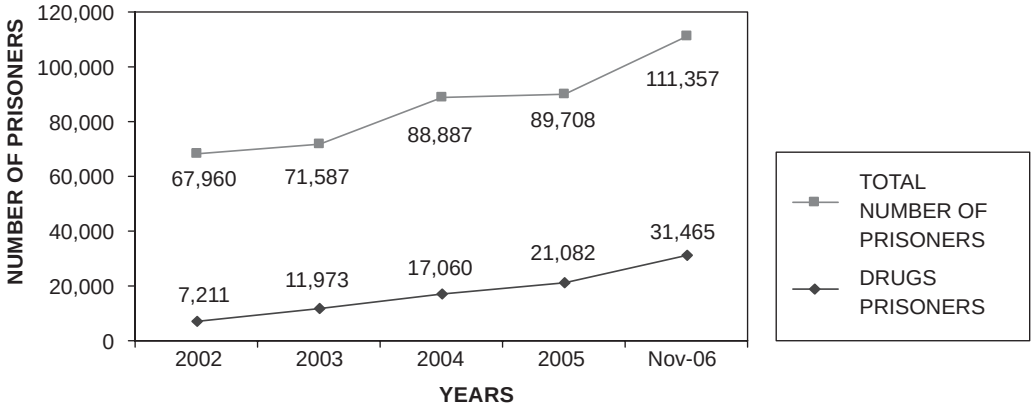
[1] This paper is based on facts and correct data. However, the analysis is based on the author's judgment.

[2] National Narcotics Board, Data of Drugs Offender Cases in 2001 – 2005. Jakarta: 1.

[3] Ibid.

Along with an increasing number of drug crime perpetrators, numbers of drug-related prisoners also increased significantly from 2002 until November 2006.

Graphic 1: Number of Drugs Prisoners in Indonesia[4]



Based on statistics of prisoners in Indonesia provided by the Directorate General of Corrections of the Ministry of Law and Human Rights in November 2006, the number of prisoners in Indonesia was 111,357, among which 31,465 were drug-related prisoners. Compared with the number of prisoners in 2005, the total number of prisoners increased by about 19.4%, but drug-related prisoners increased by 33%. Unfortunately, the increase in the number of prisoners was not followed by the expansion of capacities and facilities of prisons and detention centres. This created a problem of overcrowding in prisons and detention centres in Indonesia. In the meantime, the overall existing capacity is 74,000. It means that the overcrowding rate is 34% of the existent capacity.

Compared with the current capacity of prisons and detention centres, the number of corrections officers, which is only 24,337, is not sufficient to handle all prisoners' problems and grievances. Drug-related prisoners require special attention in security matters because of drugs smuggling into the institutions. Besides, we can assume that not all corrections officers have sufficient knowledge and skills for treating and rehabilitating drug-related prisoners, especially drug-dependent prisoners. Therefore, it is not surprising if drug abuse occurs in prisons. In relation to the transmission of HIV/AIDS, the World Health Organization (WHO) emphasizes drug abuse in prisons. The WHO notes that ... *"there are prisoners who become infected with HIV while in custody because of the usage of unsafe needle syringes for drug injection, sharing needles or unsafe sexual activity."*[5]

The overcrowding, the limitation of facilities, and the limitation both in quantity and quality of human resources in correctional institutions make it more difficult to maintain security and to prevent drug abuse in prisons and detention centres. As occurs outside prisons and detention centres, drugs are often injected (Injecting Drug Use) in correctional institutions. Sharing of needles and syringes accelerates the transmission of HIV/AIDS. Moreover, overcrowding aggravates HIV/AIDS transmission in prison.

Therefore, it is important to develop special treatment and rehabilitation programmes for drug-dependent prisoners. Educational programmes and referral system programmes are also necessary. These three programmes are currently being implemented simultaneously in Indonesian prisons and detention centres. The long-term purpose of these programmes is to reduce drug-dependent recidivism and to develop a safer public environment. Drug-dependent prisoners who recover from their drugs dependency have a healthier and a more normal lifestyle after release.

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[4] Directorate Registration and Statistics, Directorate General of Correction, Number of Detainees and Prisoners in Indonesia, November 2006.

[5] *Evidence for Action on HIV/AIDS and Injecting Drug Use*, Policy Brief: Reduction of HIV Transmission in Prison. WHO, UNAIDS & UNODC, 2005: 1.

II. THE STRUCTURE OF THE DIRECTORATE GENERAL OF CORRECTION

The Directorate General of Correction is one of six directorate generals in the Ministry of Law and Human Rights of the Republic of Indonesia. The Directorate General of Corrections is one of the organizations which has Technical Operating Units in all regions. The number of Correction Technical Operating Units is 525 (including prisons, detention centres, and branches of detention centres, parole and probation institutions, and the State of Confiscated Goods Institutions) and they are distributed at district or local level (Kecamatan/Kabupaten).

Table 3: Number of Correction Technical Operational Units

NO.	CTOU	TOTAL
1	Prison	207
2	Detention Centre	132
3	Branch of Detention Centre	58
4	Parole and Probation Inst.	67
5	State Confiscated Materials Inst.	61
	TOTAL	**525**

The Directorate General of Correction consists of one Secretariat Directorate General and six technical directorates. It has the vision and mission to recover the unity of life, living and way of life of prisoners as individuals, members of society and God's creatures, through treatment, education, management of seized materials, crime prevention, and promotion and protection of human rights.

In achieving its vision and mission, the Directorate General of Correction specifies purposes that the six technical directorates must meet. These six technical directorates are:

1. The Directorate of Security and Orderliness
2. The Directorate of Registration and Statistics
3. The Directorate of Grounding and Production
4. The Directorate of Correctional Guidance
5. The Directorate of Treatment
6. The Directorate of Narcotics Affairs.

These six technical directorates are responsible for formulating policy related to the fundamental duties and functions of each directorate according to the vision and mission of the Directorate General of Correction, which will be implemented at the Correction Technical Operating Units.

III. INDONESIA'S CORRECTIONAL SYSTEM

As the final institution in the Criminal Justice System continuum, during the last 40 years, Indonesian prisons have been transformed from organizations of punishment and deterrence into institutions of social reintegration. This paradigm shift occurred with the introduction of the Treatment of Offenders method, better known by the term 'correction'. Prison is part of the correctional system. The correctional system of Indonesia consists of four institutions: prison; detention centres (remand prison); the parole and probation board; and *rumah penyimpanan barang sitaan negara* (the State Confiscated Goods Institution).

The vision of the correctional system is to restore the unity of relationships, life and ways of living between the offenders, the public and the environment, under the unity of a relationship with God as according to the Five Principles of the Nation (Pancasila), while at the same time holding on to the principles of protection to produce well-rounded individuals. The mission of the correctional system is to improve the implementation of offenders' treatment including guidance and counselling programmes for the Correctional Treatment Members (prisoners), as well as the administration of State confiscated materials, in order to strengthen law enforcement and human rights in Indonesia.

Therefore, to achieve its vision and mission the correctional system aims to produce law-abiding citizens

who realize their mistakes; improve their behaviour so they will not repeat their criminality; are accepted by society; actively participate in their own development; and are able to live as good and responsible citizens. In order to attain this goal, correctional institutions, especially prisons, are responsible for implementing various treatment and rehabilitation efforts for prisoners. The treatment and rehabilitation programme for prisoners engages all aspects of their person based on an interactive process supported by appropriate construction programmes.

Correctional institutions as social reintegration institutions have a responsibility to deliver service to two parties: prisoners and the public. The form of service given to prisoners is treatment and rehabilitation, which aim to ensure that prisoners can lead independent and law-abiding lives after release. For the public, the service given by correctional institutions is to offer protection and security from wrongdoers.

Public protection should be guaranteed not only during an offender's period of incarceration but also after he or she is released and returned to society. It is important to develop comprehensive treatment programmes and activities, which not only address offenders' morality, but also their cognitive, physical, and skills abilities. The final purpose of treatment programmes shall be to change the behaviour and cognitive patterns of prisoners so they will harm neither the public nor themselves.

In Indonesia, most of the planning and implementation of various treatment programmes in prisons and detention centres is based on policies developed by the Directorate General of Correction. The Directorate General of Correction has the authority to formulate policies to overcome various problems related to drug-dependent prisoners and drug abuse in prisons. These policies must be implemented in prisons through comprehensive programmes, so that there will be changes in prisoners' behaviour and way of thinking in general. Particularly for drug-dependent prisoners, rehabilitation programmes are required to bring about their awareness not to use illegal drugs, which, if prisoners continue to use, will eventually lead to their re-incarceration.

IV. CORRECTIONAL PROCESS IN INDONESIA

A. Reception of the Offender

Correction can be a therapeutic process in which the offenders realize that there is a lack of harmony in their relationship with their community. This should be apparent to them at the beginning of their treatment. After that, the offenders have to undergo a continuous treatment programme that involves different aspects of the community. In short, correction is the process of changing an offender's negative way of living to a more positive one.

Ideally, in order to make sure that the treatment process is implemented properly, the institution should perform a risk, need and response assessment of individual offenders. This process should find out the reasons for the offender's entry into the correctional institution, their weaknesses, etc. Based on the information collected, the institution can plan and implement a suitable treatment programme. In the acceptance process, the institution must also ascertain the attitude and conditions of the community to which the offender will return after release. Such information is collected from their family, former employers, coworkers, the victim of their crime, the police, prosecution office, court, etc. By knowing these things, the treatment of the relationship between the offenders and the community can produce positive results.

Unfortunately, because of the overcrowded condition of prisons and detention centres, and the limited number of correctional officers, this stage is rarely included in the need assessment process. When new prisoners enter prison or a detention centre, they are currently interviewed only for registration or administrative matters. There is no further assessment process, except for drug-dependent prisoners. They are interviewed about their drug-use history and receive a basic medical check-up. Based on the result of the interview and health test, medical officers will advise them to participate in treatment or rehabilitation programmes, but participation in the treatment programme is voluntary.

B. The Classification of Prisoners

Treatment starts in the correctional institution and the offender is gradually introduced to life in a freer environment. This aims to develop their sense of social responsibility and to avoid the negative impacts of imprisonment which include becoming institutionalized and stigmatized, which in the end will result in recidivism.

That is why, in the Indonesian correctional system, the classification of offenders is based on how long the offender is placed in the correctional process, as stated in Government Rule No. 31, 1999, regarding treatment and guidance for the offenders.

1. Initiation Stage

All offenders who have just entered correctional institutions should be observed carefully and should be gradually introduced to the new environment for a period of one month. During this period, the authority should collect information concerning the prisoner, including the reasons for their commission of crime. It is also important to know about the situation of the community to which the offender belongs and his or her attitudes.

With all the information collected, suitable treatment programmes can be planned and executed. Such treatment programmes include the personality and self-reliance development programme. The personality treatment focuses on mental and character development so that the offenders can be responsible for themselves, their families, and the community. The self-reliance development focuses on talent and skills so that offenders can become active community members. During this stage, prisoners are placed in a maximum-security setting.

2. The First Instalment Stage

By this stage, all offenders have undergone one third of their sentence, and have made some progress in terms of the opinion of the correctional observer team. The offenders should show regret, discipline, and obedience to the rules of the institution. Prisoners are given more freedom and responsibility and medium control is applied to this group. Occasionally they are given a chance to work outside the institution. In the meantime, the institution also improves the offenders' behaviour and etiquette so that the community will regain its trust in the offenders and change their attitude towards them.

At this stage, drug-dependent prisoners are advised to participate in therapy and rehabilitation programmes. There are two types of programmes implemented in treating and rehabilitating drug-dependent prisoners; the drugs abstinence treatment and rehabilitation programme and methadone substitution therapy.

In the meantime, some correctional institutions have provided health programmes focusing on HIV/AIDS prisoners. The prisoners receive counselling and testing which continues on to care, support and treatment (CST) programmes where they can easily access Anti-Retroviral Drugs (ARV).

3. The Second Instalment Stage

In this stage, the offenders have undergone half of their sentence, and according to the correctional observer team's opinion, they have made substantive progress in their physical and mental conditions, as well as in their ability. The scope of the treatment in this stage encompasses not only the institution but also the community. The offenders take part in various kinds of activities, such as praying, sports, educational courses, working in government or private offices, working by themselves, visiting their family, etc. However, they are still under supervision by prison staff.

At this stage, drug-dependent prisoners and HIV/AIDS prisoners may continue their treatment and rehabilitation programmes. Some drug-dependent prisoners who had been involved in drugs abstinence programmes can become trainers for new participants. Drug-dependent prisoners are also obliged to continue their involvement in methadone maintenance treatment. The obligation to continue the treatment is also emphasized for HIV/AIDS prisoners who received ARV. Hence, they can be supporters and peer educators for the other HIV/AIDS prisoners.

What is important at this stage is that the offenders should be mature enough to do the things required of them without harming the people around them. They also need support from their community. This stage applies minimum control.

4. The Third Stage

In order to enter this stage, the offenders must have undergone two-thirds of their sentence and they need to have spent at least nine months in the institution. If the treatment process goes smoothly, they may

be paroled. The correctional observer team can recommend pre-release treatment.

At this stage, the main treatment activities are administered in the community. Control and guidance is far more relaxed than in the previous stages so that in the end, the offenders can live in the community harmoniously and independently.

Based on the developed referral system, drug-dependent prisoners and HIV/AIDS prisoners can continue their treatment in the community, particularly drug-dependent prisoners who had been involved in Methadone Maintenance Treatment and the HIV/AIDS prisoners who had been treated with ARV.

C. Treatment Strategies for Drug-Dependent Prisoners

The strategy employed in the treatment of offenders in the Correctional system is through treatment programmes. The programme is adjusted according to the stages of their sentence, from initial incarceration to release.

In the matter of drug dependency treatment and HIV/AIDS prevention in Prisons and Detention Centres in Indonesia, The Directorate General of Corrections, through The Directorate of Narcotics Affairs, developed the National Strategy of Drug Abuse and HIV/AIDS Prevention in Prisons and Detention Centres in Indonesia 2005 – 2009. This national strategy has three main pillars:

1. Enforcement and guidance of the law
2. Rehabilitation and social services
3. Prevention and treatment.

Those three main pillars are supported by co-ordination and co-operation with multi-sector stakeholders and research, development and observation. The pillars are implemented comprehensively based on three approaches of drug abuse and HIV/AIDS prevention: demand reduction, supply reduction and harm reduction. These three approaches and pillars are related to each other and must be executed concurrently so that prevention strategies in prisons and detention centres in Indonesia can be achieved effectively and efficiently.

In order to eradicate drugs smuggling into prisons and detention centres, all efforts in the enforcement and guidance of the legal pillar, such as the routine search of cells and investigation of visitors, are implemented intensively.

In order to reduce the demand for drugs from prisoners, prisons and detention centres also provide drug abstinence treatment and rehabilitation programmes, such as therapeutic communities and NA/AA, to rehabilitate and deliver social services for drug-dependent prisoners, IDUs or HIV infected prisoners.

In order to prevent or reduce the harm impact of drug abuse, prisons and detention centres are implementing prevention and also, care, support and treatment (CST) programmes based on the twelve harm reduction programmes of WHO, which are classified into three main programmes:

1. Education Programmes
2. Health Service Programme
3. Referral Programme.

1. Education Programme

The programme is an initial prevention programme for new drugs users in prisons and detention centres. This education programme consists of two sub-programmes:

1. Communication, Information and Education (CIE); and
2. Infection Prevention Programmes.

Information dissemination and education about HIV/AIDS and drugs are submitted with a changed communicative method to two parties: correctional officers and prisoners. The purpose is to make them understand basic information about HIV/AIDS and drugs. Therefore, they can engage in preventive, curative and rehabilitative efforts in overcoming HIV/AIDS and drug abuse by providing condoms for prisoners who want to have sexual intercourse with other prisoners and application of a disinfectant dilution (bleaching) to clean used syringe needles, which can prevent HIV transmission.

The implementation of CIE is expected to be able to change the behaviour of prisoners. Prisoners begin to have awareness of their high-risk behaviour in drug usage, and adjust their behaviour by refusing to use syringes and needles, not sharing needles, and following the substitution therapy programme or even the drug abstinence programme.

2. Health Services Programme

The programme aims to increase health services quality for prisoners in general as well as drugs cases and HIV/AIDS prisoners. The Health Service Programme consists of some sub-programmes:

1. Counselling and Testing (CT)
2. Care, Support and Treatment (CST)
3. Basic Health Services
4. Substitution Programmes (Methadone Maintenance Treatment)
5. Risk Reducing Counselling.

(i) Counselling and Testing (CT), Care, Support and Treatment (CST) and Basic Health Services

Because of the terrible quality of health services for prisoners in prisons and detention centres, the increasing numbers of HIV/AIDS prisoners, and the increasing mortality numbers of prisoners caused by HIV/AIDS, a qualified clinical service for basic health needs and also for HIV/AIDS prisoners is an urgent requirement. This is particularly true in the case of treatment and therapy of prisoners who have entered the third and fourth stages of AIDS.

The accomplishment of good quality clinical services in prisons and detention centres begins with counselling and a HIV test. It has a strategic importance as this phase can increase the likelihood of early intervention in the treatment of HIV. Early intervention in the treatment of HIV prisoners can reduce the burden on the health system and its budget. Besides, early intervention in the treatment of HIV is in line with the concept of 'construction/treatment/rehabilitation', where prisoners can positively contribute to their own care after release.

Hereinafter, the counselling and HIV test shall be followed by the execution of Care, Support and Treatment (CST) for prisoners who have been proved to be infected by HIV. CST services for prisoners, which is administered by a medical doctor or a paramedic in a health facility unit of prisons and detention centres, must provide the same treatment as that available in civil society. For prisoners who are not infected by HIV/AIDS, but are infected by other diseases, good quality treatment and clinical services should also be provided for them until recovery.

(ii) Risk Reduction Counselling and Methadone Maintenance Treatment (MMT)

One of the applicable harm reduction programmes in Indonesia is Methadone Maintenance Therapy (MMT). Based on the experience of other states it is mentioned that methadone substitution therapy on a long-term basis is an effective way of preventing the transmission of HIV through shared needles.

Before prisoners become involved in this MMT programme, they usually undergo risk reduction counselling beforehand. In this counselling session they are informed of everything about MMT. After volunteering to enter this programme (by filling the consent form), they can obtain methadone every day until they feel they do not require it anymore.

The substitution programme is an easier programme to implement and has been proven fully advantageous for prisoners who are drug dependent. In the year 1992 more than ten states implemented this programme. They reported a reduction in the frequency of illegal drug usage in prisons. The literature also indicates that methadone lessens the frequency of injection. It was also reported that there were few IDU prisoners who did not follow this programme.

Sharing needles has also reportedly decreased, indicated by the significant reduction of HIV transmission. Assorted drug dependency treatment methods have been implemented in prison including therapeutic community methods and group counselling.

(iii) Referral Programme

The referral programme is a key programme which determines the success of whole harm reduction

programmes implemented in prison and detention centres. This is based on the idea that in overcoming drugs and HIV/AIDS problems prisons and detention centres cannot operate independently. Therefore, prisons and detention centres must co-operate with public health services units, either local hospitals and/or Puskesmas, when they do not have enough resources to implement harm reduction programmes. Prisoners who have serious health problems which can no longer be handled by doctors or paramedics in correctional institutions should be referred to the public system.

Besides that, it is also important for prisons and detention centres to strengthen the referral network for prisoners who will be released or have already been released. The purpose is to continue the services of CST or MMT, received during imprisonment, at public health units outside prisons. Therefore, ex-prisoners with HIV can still easily access ARV, so their quality of life will remain stable. For ex-prisoners who were accessing methadone in prison, they can continue their treatment, so that they will not inject drugs anymore.

As a whole, the implementation of these three main programmes has the long-term aim of reducing recidivism. By improving prisoners' understanding and knowledge of HIV/AIDS and drugs, they are expected to adjust their lives and behaviour and to avoid conflict with the law in pursuit of their addictions.

D. Co-ordination and Collaboration with Stakeholders in the Treatment of Drug-Dependent Prisoners

1. Government Institutions

Some institutions that have worked together in the implementation of correctional treatments are The Ministry of Health, The Ministry of Social Affairs, The National Narcotics Board (NNB) and the National AIDS Commission (NEC), which have interest in the treatment of drug-dependent prisoners.

(i) The Ministry of Health

The co-operation involves medical treatments for prisoners and offenders, the assignment of doctors and paramedics, as well as medication for ill prisoners. It also covers research on prisoners involved with drugs in various correctional institutions in Indonesia. The results are used by the Directorate General of Corrections to formulate policies for the treatment of offenders in drug cases.

(ii) The Ministry of Social Affairs

The Ministry of Social Affairs has established a co-operative relationship with the Ministry of Law and Human Rights in order to rehabilitate drug-dependent prisoners in which The Ministry of Social Affairs supplies some modules on the Therapeutic Community Method based on a fixed standard.

(iii) The National Narcotics Board

This organization provides assistance in handling offenders who are involved in drug cases, as either users or dealers. It realized that handling drug problems requires solid teamwork among many parties, including correctional institutions. This is because illegal practices related to drugs have spread widely in many places and reached many people, including prisoners in correctional institutions, and lately, the number of prisoners who happen to be users or dealers has been increasing significantly.

In order to overcome drug smuggling inside prisons and detention centres, The Directorate General of Correction and the NNB developed task forces in central and provincial districts and even in prisons and detention centres. They conduct ransacking activities regularly in prisons and detention centres. In the meantime, both organizations are in the middle of developing a drug database system in correctional institutions. This data can be used as a basic rationalization in making comprehensive programmes for handling the drug smuggling problem in prisons and detention centres.

(iv) National AIDS Commission

Based on evidence of an increasing number of HIV/AIDS prisoners, the Directorate General of Correction developed a collaborative relationship with the National AIDS Commission to overcome this problem. Many programmes were developed for the fiscal years of 2006 - 2010, including the development of a comprehensive database system in all prisons and detention centres. Training of correctional institutions human resources, development of referral systems, and equipping the basic health facilities in correctional

institutions are also the main programmes for those years. The programmes aim to develop independency of correctional institutions in handling HIV/AIDS related problems. In order to realize the aim, the National AIDS Commission and Directorate General of Correction develop HIV/AIDS task forces at central, provincial and district level.

2. Social Organizations/Non-Government Organizations

Social organizations have played a significant role in the treatment of offenders. Their concern for the future of inmates has lessened the burden on correctional institutions in administering treatment. Various social organizations have participated in providing some treatments for drug-dependent prisoners and HIV/AIDS prisoners. The drug abstinence programmes are mostly provided by social organizations, such as CRIMINON INDONESIA, YAKITA, etc. They also conduct some drug abstinence training for prisoners and correctional officers. Many of them are also involved in HIV/AIDS prevention efforts using the harm reduction approach, such as UNAIDS, UNODC, FHI/ASA, IHPCP, Burnet Indonesia, etc. They, with other institutions, also assist the Directorate General of Correction and the correctional institutions in the development of the referral system.

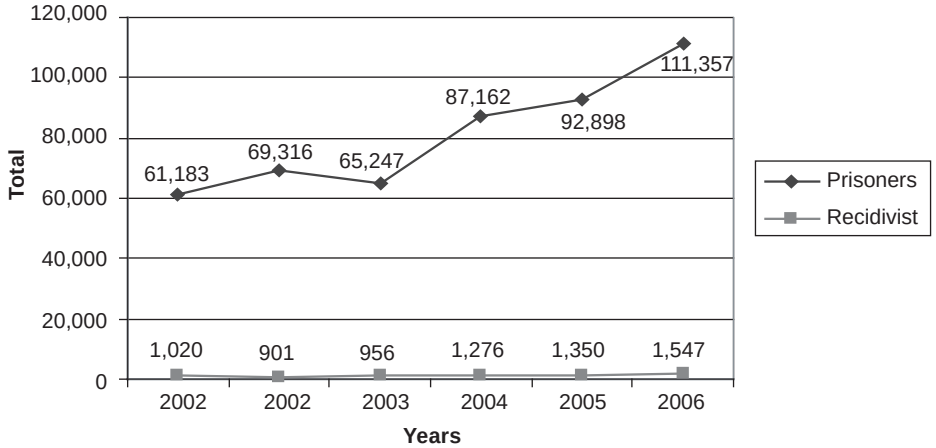
3. The Third Party

From 2002 – 2006 a co-operative relationship between correctional institutions and provincial hospitals in overcoming the problem of drug-dependent prisoners was developed. In 2002, Kerobokan Prison of Bali Province co-ordinated with Sanglah Hospital (Bali) in implementing Methadone Substitution Treatment. In 2006, to accelerate Methadone Substitution Treatment, some correctional institutions developed similar co-operative relationships with provincial hospitals which provided methadone clinics. Those were Cipinang Narcotics Prison, Bekasi Prison, and Salemba Detention Centre with Jakarta Drug Dependency Hospital; Banceuy Prison (west Java) with Hasan Sadikin Hospital; and Yogyakarta Prison with Ghrasia Hospital.

The Directorate General of Correction also tries to maintain relationships with these hospitals, and many more, as reference hospitals for ex-prisoners in accessing ARV and methadone. This measure is taken to determine the sustainability of programmes after the prisoners are released.

E. Recidivism in Indonesia

Table 4: Rates of Recidivism in 2001 – 2006[6]



Recidivism in the Indonesian context is understood as the rate of prisoners who have been released but who re-enter (the same) correctional institution because of their misconduct. During the last six years the total number of prisoners has increased rapidly. However, the number of recidivists has not increased accordingly. In 2002, the number of recidivists had decreased, though it increased the following year. The slow reporting of data from prisons and detention centres all over Indonesia caused this fluctuation. The reports from all prisons, detention centres and provincial offices to the Directorate General of Corrections were not online, but used a manual system (sent via mail). Therefore, required data often came late to the Directorate.

[6] Directorate of Registration and Statistics, Directorate General of Correction, Statistic Data of Recidivism 2001 - 2006.

However, since 2003, with the availability of fax machines at all prisons and detention centres in Indonesia, the Directorate General of Correction can receive all data about prisoners, including that of recidivists, faster. For that reason, we can see a significant increase in the total number of prisoners and in recidivists since 2003. Numbers of recidivists in 2004 had increased by 75% from year before. This was followed by successive annual increases of 95% and 87.27%. However, this is the only data regarding recidivism in the country. It is very difficult to know the number of drug-related recidivists.

The obtacles in measuring recidivism are recognized because many recidivists will not be sent to the same correctional institution at the second time of incarceration. Therefore, the offender who commits a crime after being released from other institutions will not be classified as a recidivist at the registration or administration stage. Based on this fact, it can be stated that the current statistics on recidivism in Indonesia show only the tip of the iceberg, as only small number of recidivists are recognized.

Recidivism may occur because of several other factors, including inadequate needs assessment when the prisoner is received. Needs assessment is an important part of the correctional process as subsequent treatment is based on this inforamtion.

The next possible cause of recidivism in Indonesia may be the voluntary nature of its treatment programmes. This is not a good solution for drug-dependent prisoners. Many of them know that recovery from drug dependency is a hard thing to attain and it is easy to access drugs in prisons. Therefore, they would prefer to continue their drug use rather than begin treatment.

Moreover, the effectiveness of treatment and rehabilitation programmes for drug-dependent prisoners has never been evaluated. Therefore, it is difficult to say whether treatment and rehabilitation programmes for drug-dependent prisoners work or not. Despite not knowing the exact number of drug-dependent recidivists, the increase in the total number of recidivists in Indonesian prisons and detention centres indicates an increase. We regret to state that generally the treatment and rehabilitation programmes for drug-dependent prisoners may not be effective enough to overcome the problem. Unfortunately, even though the number of recidivists is increasing, the Directorate General of Correction has not developed special treatment programmes for recidivists. In order to reduce recidivism, a special treatment programme for recidivists is a necessity.

V. CONCLUSION

1. The Indonesian correctional system's vision is to recover the life, existence and earnings (social integration) of the offender as responsible individuals, members of society and God's creation, while at the same time holding on to the principles of protection, to produce independent individuals.

2. In order to achieve this vision, corrections institutions develop treatment programmes which are implemented at each stage of the correctional process.

3. The most important part of the correctional process is the needs assessment process at the prisoner reception stage. Executing this process correctly can influence the success of treatment programmes. Unfortunately, the needs assessment process is rarely implemented, especially in overcrowded prisons and detention centres. Therefore, it is important that the Directorate General of Correction monitors the implementation of needs assessment processes at the reception stage.

4. The recidivism rate should be used as an indicator in measuring the effectiveness of treatment and rehabilitation programmes. Based on the increasing rate of drug-related recidivism, we do not know whether or not the current treatment programmes are effective in reducing recidivism. To be precise, it is important to develop evaluation and monitoring instruments for treatment programmes, especially drug treatment programmes.

5. The treatment programmes are followed voluntarily and there is no special treatment for drug-dependent recidivists. Therefore it is important to develop such treatment and to make it compulsory for all drug-dependent prisoners.